

APPLICATION FOR GOVERNMENTAL FACILITIES HEARING

SecI wp Rge Radius Assigned Present Zoning Classification	Date Receipt Stamp
Submit two copies of this application, together with 12 copies of a printent to Miami-Dade County's General Services Administration.	oposed plot plan and two copies of a letter of
1. Department	
Mailing Address_	
Who shall be notified	_Tel. No
2. Folio Number of Property	
3. Legal Description of the property covered by this applica and lengthy, attach a copy hereto.	ation. If metes and bounds description
4. Address or location of subject property	
5. Size of Propertyft. xft.	Acres
6. What is the purpose and use, and why should this applic	eation be approved?
7. Index Code Number	uding a \$1,425 Planning and Zoning

DIRECTOR'S AFFIDAVIT

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I,	being	first	duly	sworn,	depose	and	say	that	I a	ım the		
					and as su	ch, in	my (official	capaci	ty, have		
filed the application concerned, ar	nd that the st	atemen	its and a	inswers th	nerewith a	re in all	respec	ets true	and co	rrect and		
honest to the best of my knowledg	ge and belief	•										
		SIGNATURE										
					SIGNA	MUKI	2					
Sworn and subscribed before	e me											
this day, of												
					NOTA	DX/ DI	IDII					
					NOTA	KY Pl	JBLI	C				